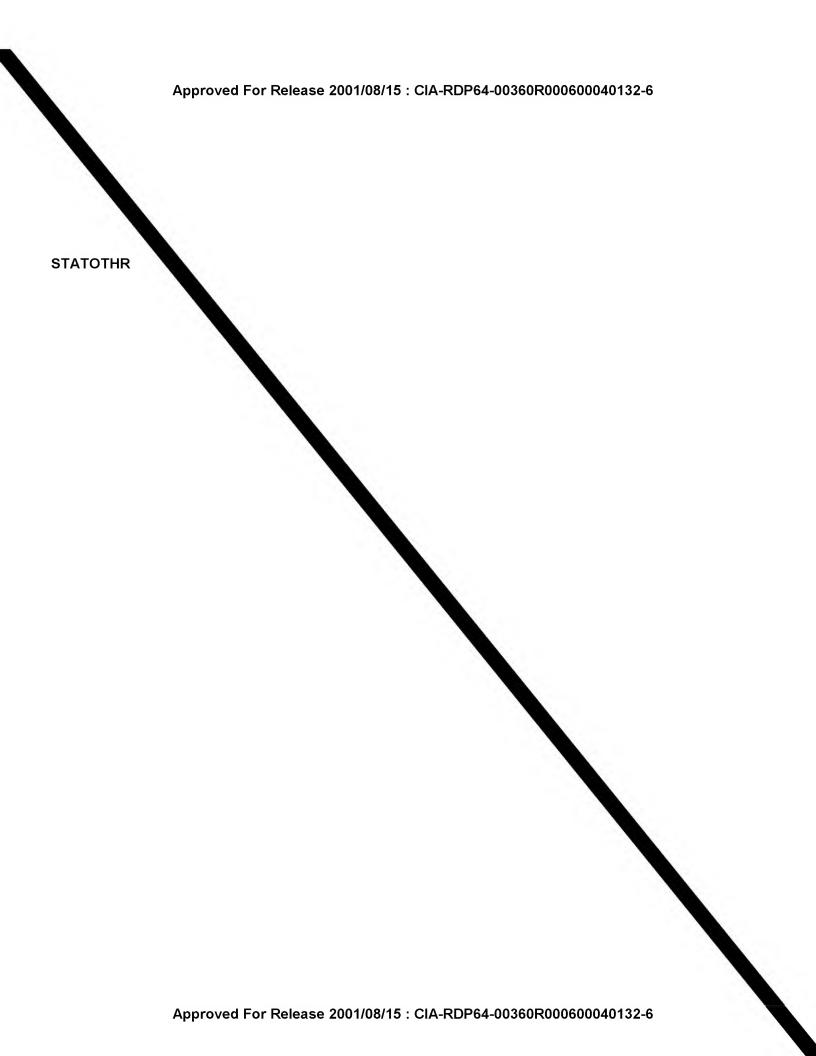
Voucher prepared at  (Give place and date)  THE UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Address)  (Oity)  (State)  ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply or Service  Discount Terms  Costs  PAYMENT:  Complete   Partial   Final   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No.  I certify that the above bill is cerrect and just and that payment has not been received.  (Give place and date)  ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  UNIT PR.  Cost  Cost  Cost  (Payee must NOT use this spanning to the payment has not been received.	(Give place and date)  TES, Dr., Payee's Account No.  (Payee)  (Address)  (Oity)  (Payee)  (Enter description, item number of contract or Federal aupply or Service  Discount Terms  Costs  Use continuation sheet(s) if necessary  to Weight Government B/L No.  (Sign original only)  Payere  (Sign original only)  Amount verified; correct for Signature or initials)	THE UNITED STATES, Dr.,  Payee's Account No.  (City) (State)  (Address) (City) (State)  (Address) (City) (State)  No. and Date of Date of Delivery or Service Discount Terms  Costs  Costs  (Costs  Costs  Co	THE UNITED STATES, Dr.,  Payee's Account No.  (Give place and date)  The UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Address)  (City)  (State)  (Copy   Or Copy   Or Cop	Complete   Per   Discount Terms   Costs   Co	THE UNITED STATES, Dr.,   Payee's Account No.   DPD - 00 37	College   Partial	THE UNITED STATES, Dr.,  Payer's Account No.  (Give place and date)  (Copy 1 Dr.  (Address)  (Copy 1 Dr.  (Address)  (Copy 1 Dr.  (Address)  (Copy 1 Dr.  (Address)  (Copy 2 Date of D	THE UNITED STATES, Dr.,  Payee's Account No.  (Chay State)  (Chay State)  (Chay Account No.  (Chay State)  (Chay State)  (Chay Account No.  (Chay State)  (Coat Per Coat Partial Discount Terms  (Coat Per Coat No.  (Sign original only)  (State)  (Chay State)  (Chay S	THE UNITED STATES, Dr.,  Payer's Account No		REIMBURSAE	(Department, b)	ureau, or establishment)				PA	D BY
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